

LAW OFFICES OF DALE K. GALIPO

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Attorneys for Plaintiffs COLLEEN MANGHANE
and ROBERT MANGHANE

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

COLLEEN MANGHANE; and
ROBERT MANGHANE,

Plaintiffs,

v.

COUNTY OF SAN BERNARDINO;
SHANNON DICUS; DESERT
VALLEY HOSPITAL; and DOES 1-
15, inclusive,

Defendants.

Case No.: 5:25-cv-01107

Related Case No.:
Case 5:25-cv-00140-WLH-SHK

*Hon. District Judge Wesley L. Hsu
Hon. Mag. Judge Shashi H. Kewalramani*

**PROOF OF SERVICE OF
SUMMONS AND COMPLAINT**

TO THIS HONORABLE COURT:

In accordance with Rule 4(1)(1) of the Federal Rules of Civil Procedure, and Central District Local Rule 5-3.1, Plaintiffs hereby submit their proof of service of the Summons and Complaint, and other documents on Defendant Shannon Dicus Hospital (attached hereto as Exhibit "A").

1 DATED: June 3, 2025

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3 By: /s / Dale K. Galipo

4 Dale K. Galipo Attorney for Plaintiffs
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Exhibit A

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) #.76 Dale Galipo SBN 144074 Law Offices of Dale K. Galipo 21800 Burbank Blvd 310 Woodland Hills, CA 91367 ATTORNEY FOR Plaintiff	TELEPHONE NUMBER (818) 347-3333	FOR COURT USE ONLY
CENTRAL DISTRICT, RIVERSIDE 3470 Twelfth St. Riverside, CA 92501		
SHORT TITLE OF CASE: Manghane, Colleen v. County of San Bernardino		
DATE: TIME: DEP./DIV.		CASE NUMBER: 5:25-cv-01107-JGB-DTB
Declaration of Service		Ref. No. or File No: Manghane/James v. COSB

United States District Court

I certify that I am authorized to serve the Summons and Complaint in the within action pursuant to F.R.Civ.P 4(c) and that I served the:
Complaint; Civil Case Cover Sheet; Notice of Interested Parties; Summons; Notice of Related Cases; Notice of Case Assignment; Notice to Parties of Court-Directed ADR Program; Notice re Consent to Proceed Before Magistrate Judge Jurisdiction

On: **SHANNON DICUS**

I served the summons at:

655 E 3rd St San Bernardino, CA 92408

On: **5/27/2025** Date: **03:25 PM**

In the above mentioned action by personally serving to and leaving with

Jane Doe, Sandra "C" who refused a full last name (Gender: F Age: 55 Height: 5'9 Weight: 150 Race: White Hair: Blond Other: Blue eyes and glasses) - Office Supervisor Authorized Person to Accept Service

A declaration of diligence and/or mailing is attached if applicable

Person attempting service:

- a. Name: **Nick Shows**
- b. Address: **15345 Fairfield Ranch Rd Suite 200, Chino Hills, CA 91709**
- c. Telephone number: **909-664-9577**
- d. **The fee** for this service was: **81.00**
- e. I am an independent contractor:

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the return of service and statement of fees is true and correct.



Nick Shows

Date: **05/30/2025**